

| POSITION                  | INITIALS | ID NO. | DATE         |
|---------------------------|----------|--------|--------------|
| FEE DETERMINATION         |          |        |              |
| O.I.P.E. CLASSIFIER       |          | 25     | 07-07-00     |
| FORMALITY REVIEW          |          |        |              |
| RESPONSE FORMALITY REVIEW | C.S.W.   |        | 24 Oct. 2000 |

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
= ..... Allowed                      I ..... Interference  
- (Through numeral)..... Canceled                      A ..... Appeal  
÷ ..... Restricted                      O ..... Objected

| Claim    | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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